DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

June 20, 2001

ALL-COUNTY INFORMATION NOTICE I-50-01

REASON FOR THIS TRANSMITTAL
[ ] State Law
[˙] Federal Law or Regulation Change
[ ] Court Order or Settlement Agreement
[ ] Clarification Requested by One or More Counties
[X] Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ETHNIC ORIGIN AND PRIMARY LANGUAGE REPORT FOR JULY 2001

The purpose of this notice is to transmit a camera-ready copy of the Annual Recipient Report on the California Work Opportunity and Responsibility to Kids (CalWORKs) Program, Foster Care, Social Services, Nonassistance Food Stamps, Welfare to Work, Refugee Cash Assistance, and the Cash Assistance Program for Immigrants Ethnic Origin and Primary Language (ABCD 350), with instructions, for the report month of July 2001. It is substantially the same as the 7/00 version although the report form has been slightly modified and the instructions have been reformatted for clarity.

This report provides data that will be used to assess the need for county bilingual services, identify problems with the delivery of services to recipients, and help facilitate compliance with Civil Rights requirements.

Please mail or fax the completed report no later than August 30, 2001 to:

> California Department of Social Services
> Data Survey and Systems Design Bureau, M.S. 9-081
> P. O. Box 944243
> Sacramento, CA 94244-2430
> FAX: (916) 657-2074

We anticipate changes in data collection for future reports when new federal requirements for collection of race and ethnicity data are implemented. The two most significant changes will be: 1) the requirement to distinguish Hispanic/Latino and Non-Hispanic/Latino ethnicity from racial origin and, 2) the requirement that individuals

County Welfare Directors
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be allowed to select more than one racial category. Additional information will be sent under separate cover.

If you have questions regarding this report, please contact Karen O'Neill at (916) 654-1208.

Original Document Signed by
Lois Van Beers on 6/20/01

LOIS VAN BEERS
Deputy Director
Research and Development Division

Attachments

c: CWDA

Annual Recipient Report on CalWORKs, Foster Care (FC), Social Services, Nonassistance Food Stamps (NAFS), Welfare to Work (WTW), Refugee Cash Assistance (RCA), and the Cash Assistance Program for Immigrants (CAPI) Ethnic Origin and Primary Language

SEND ONE COPY OF THIS REPORT TO:
California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P. O. Box 944243
Sacramento, CA 94244-2430
FAX (916) 657-2074

COUNTY NAME	REPORT MONTH AND YEAR **July 2001**

PART A. ETHNIC ORIGIN

CODE	ETHNIC ORIGIN	NUMBER OF CASES									
		CalWORKs			FC	Social Services	NAFS	WTW		RCA	CAPI
		Two Parent a/ (A)	Zero Parent a/ (B)	All (Other) Families a/ (C)	b/ (D)	(E)	c/ (F)	Two Parent d/ (G)	All (Other) Families e/ (H)	(I)	f/ (J)
1	White	1	17	33	49	65	81	97	113	129	145
2	Hispanic	2	18	34	50	66	82	98	114	130	146
3	Black	3	19	35	51	67	83	99	115	131	147
4	Other Asian or Pacific Islander	4	20	36	52	68	84	100	116	132	148
5	American Indian or Alaska Native	5	21	37	53	69	85	101	117	133	149
7	Filipino	6	22	38	54	70	86	102	118	134	150
C	Chinese	7	23	39	55	71	87	103	119	135	151
H	Cambodian	8	24	40	56	72	88	104	120	136	152
J	Japanese	9	25	41	57	73	89	105	121	137	153
K	Korean	10	26	42	58	74	90	106	122	138	154
M	Samoan	11	27	43	59	75	91	107	123	139	155
N	Asian Indian	12	28	44	60	76	92	108	124	140	156
P	Hawaiian	13	29	45	61	77	93	109	125	141	157
R	Guamanian	14	30	46	62	78	94	110	126	142	158
T	Laotian	15	31	47	63	79	95	111	127	143	159
V	Vietnamese	16	32	48	64	80	96	112	128	144	160
	Totals	161	162	163	164	165	166	167	168	169	170

COMMENTS

a/ Total CalWORKs Two Parent, Zero Parent, and All (Other) Families cases must equal the corresponding case totals on the CA 237 CalWORKs, Part B., Item 8.
b/ Total FC must equal the total cases on the CA 237 FC, Part B., Item 8.
c/ Total NAFS cases must equal the total cases on the DFA 296, Item 8, NAFS column.
d/ Total CalWORKs WTW Two Parent cases must equal the total enrollees on the WTW 25A, Part A., Item 1.
e/ Total CalWORKs WTW All (Other) Families cases must equal the total enrollees on the WTW 25, Part A., Item 1.
f/ Total CAPI cases must equal the total cases reported on the CA 1037, Part C, Item 10.
Note: Totals in each column of page one of this report must equal the totals in the corresponding columns on page 2.

COUNTY NAME	REPORT MONTH AND YEAR **July 2001**

PART B. PRIMARY LANGUAGE SPOKEN

		NUMBER OF CASES									
		CalWORKs			FC	Social Services	NAFS	WTW		RCA	CAPI
CODE	LANGUAGE	Two Parent a/ (A)	Zero Parent a/ (B)	All (Other) Families a/ (C)	b/ (D)	(E)	c/ (F)	Two Parent d/ (G)	All (Other) Families e/ (H)	(I)	f/ (J)
0	American Sign Language	171	200	229	258	287	316	345	374	403	432
1	Spanish	172	201	230	259	288	317	346	375	404	433
2	Cantonese	173	202	231	260	289	318	347	376	405	434
3	Japanese	174	203	232	261	290	319	348	377	406	435
4	Korean	175	204	233	262	291	320	349	378	407	436
5	Tagalog	176	205	234	263	292	321	350	379	408	437
6	Other Non-English (specify)	177	206	235	264	293	322	351	380	409	438
7	English	178	207	236	265	294	323	352	381	410	439
A	Other Sign Language	179	208	237	266	295	324	353	382	411	440
B	Mandarin	180	209	238	267	296	325	354	383	412	441
C	Other Chinese Languages	181	210	239	268	297	326	355	384	413	442
D	Cambodian	182	211	240	269	298	327	356	385	414	443
E	Armenian	183	212	241	270	299	328	357	386	415	444
F	Ilocano	184	213	242	271	300	329	358	387	416	445
G	Mien	185	214	243	272	301	330	359	388	417	446
H	Hmong	186	215	244	273	302	331	360	389	418	447
I	Lao	187	216	245	274	303	332	361	390	419	448
J	Turkish	188	217	246	275	304	333	362	391	420	449
K	Hebrew	189	218	247	276	305	334	363	392	421	450
L	French	190	219	248	277	306	335	364	393	422	451
M	Polish	191	220	249	278	307	336	365	394	423	452
N	Russian	192	221	250	279	308	337	366	395	424	453
P	Portuguese	193	222	251	280	309	338	367	396	425	454
Q	Italian	194	223	252	281	310	339	368	397	426	455
R	Arabic	195	224	253	282	311	340	369	398	427	456
S	Samoan	196	225	254	283	312	341	370	399	428	457
T	Thai	197	226	255	284	313	342	371	400	429	458
U	Farsi	198	227	256	285	314	343	372	401	430	459
V	Vietnamese	199	228	257	286	315	344	373	402	431	460
Totals		461	462	463	464	465	466	467	468	469	470

CONTACT PERSON (Print)	TELEPHONE ( )	DATE PREPARED
TITLE/CLASSIFICATION	FAX ( )	

Note: Totals in each column of page one of this report must equal the totals in the corresponding columns on page 1.

ANNUAL RECIPIENT REPORT ON CalWORKs, FOSTER CARE, SOCIAL SERVICES, NONASSISTANCE FOOD STAMPS, WELFARE TO WORK, REFUGEE CASH ASSISTANCE, AND THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS ETHNIC ORIGIN AND PRIMARY LANGUAGE ABCD 350 (7/01)

INSTRUCTIONS

CONTENT

The annual ABCD 350 report contains statistical information on the ethnic origin and primary language of recipients of CalWORKs, Foster Care (FC), Social Services, Nonassistance Food Stamps (NAFS), Welfare to Work (WTW), Refugee Cash Assistance (RCA), and the Cash Assistance Program for Immigrants (CAPI).

PURPOSE

This report provides data that can be used to 1) assess the need for county bilingual services, 2) identify problems with the delivery of services to recipients, and 3) facilitate compliance with California Department of Social Services (CDSS), Manual of Policies and Procedures, Division 21, requirements.

DUE DATE AND CONTACT

This is an annual report reporting on July caseload. The report is due in Sacramento as soon as possible after July 31, but no later than August 30. Send or fax the reports to:

> California Department of Social Services
> Data Systems and Survey Design Bureau, M.S. 9-081
> P. O. BOX 944243
> Sacramento, CA 94244-2430

> **FAX: (916) 657-2074**

The data from this report, and also the report's form and instructions, are available on the CDSS, Research and Development Division (RADD) web site at: http://www.dss.cahwnet.gov/research/. Copies may be printed from the web site.

If you have questions regarding this report, contact the DSSDB at (916) 651-8269.

GENERAL INSTRUCTIONS

Enter the county name in the boxes provided on pages 1 and 2 of the report.

Enter the data required for each item. If there is nothing to report for an item, enter "0". Do not leave any items blank.

Explain, on page 1, adjustments or provide any other comments or explanations regarding the data in this report in the Comments section. Additional pages may be attached if necessary.

Enter, on page 2, the name, title or job classification, and the telephone and fax numbers of the person to contact if there are questions about the report. This may or may not be the person who completed the report. Enter the date the report was completed.

DETERMINING ETHNIC ORIGIN AND PRIMARY LANGUAGE

Ethnic origin and primary language are to be determined by asking or by having the applicant complete the appropriate section of the application form. If the applicant does not provide the information, it is the responsibility of the County Welfare Department (CWD) to make a determination of ethnic origin based on observation. The information must be documented in the case file. The CWD must inform the applicant of the right to request a change in his/her primary language designation.

DEFINITIONS

Ethnic Origin: Ethnic origin can be viewed as the heritage, nationality group, lineage, or country of birth of a person or a person's parents or ancestors.

CODE	ETHNIC ORIGIN	Includes all persons having origins in any of the original peoples of:
1	White	Europe, North Africa, or the Middle East
2	Hispanic	Mexico, Puerto Rico, Cuba, Central/South America, or other Spanish culture regardless of race
3	Black	The black racial groups of Africa
4	Other Asian or Pacific Islander	Far East, Southeast Asia, Indian subcontinent or the Pacific Islands (other than those mentioned below)
5	American Indian or Alaska Native	North America and who maintain cultural identification through tribal affiliation or community recognition
7	Filipino	Philippine Islands
C	Chinese	China
H	Cambodian	Cambodia
J	Japanese	Japan
K	Korean	Korea (North or South)
M	Samoan	Samoa
N	Asian Indian	Indian subcontinent
P	Hawaiian	Hawaiian Islands
R	Guamanian	Guam
T	Laotian	Laos
V	Vietnamese	Vietnam

Primary Language: Primary language is the language an individual uses to communicate effectively. If an individual can communicate effectively in both English and another language, English should be noted as the primary language. If an individual identifies a non-English primary language, but requests documents in English, the non-English language should still be noted as the primary language.

CODE	PRIMARY LANGUAGE	CODE	PRIMARY LANGUAGE
0	American Sign Language	H	Hmong
1	Spanish	I	Lao
2	Cantonese	J	Turkish
3	Japanese	K	Hebrew
4	Korean	L	French
5	Tagalog	M	Polish
6	Other Non-English (specify)	N	Russian
7	English	P	Portuguese
A	Other Sign Language	Q	Italian
B	Mandarin	R	Arabic
C	Other Chinese Languages	S	Samoan
D	Cambodian	T	Thai
E	Armenian	U	Farsi
F	Ilocano	V	Vietnamese
G	Mien		

DEFINITIONS (continued)

<u>Social Services</u>: Social Services are defined as those activities imposed by the requirements of Title XX of the Social Security Act dealing with social services for families and adults. California addresses the federal service goals under Title XX through an array of service programs, eight of which are mandated and thirteen of which are optional based on local needs, priorities and resources. The mandated and optional social services are:

Mandated Services
- Information and Referral
- Emergency Response
- Family Maintenance
- Family Reunification
- Permanent Placement
- Out-of-Home Care for Adults
- In-Home Supportive Services
- Adult Protective Services

Optional Services
- Special Care for Children in their Own Home
- Home Management and Other Functional Educational Services
- Employment/Education Training
- Services for Children with Special Problems
- Services to Alleviate or Prevent Family Problems
- Sustenance
- Housing Referral Services
- Legal Referral Services
- Diagnostic Treatment Services for Children
- Special Services for the Blind
- Special Services for Adults
- Services for Disabled Individuals
- Services to County Jail Inmates

CRITERIA FOR REPORTING ETHNIC ORIGIN AND PRIMARY LANGUAGE

For purposes of this report, use the criteria described below to determine the ethnic origin and primary language of recipient cases in the specified program areas.

- **CalWORKs Two Parent, Zero Parent, and All (Other) Families**

  The ethnic origin and primary language of the head of household should be used in CalWORKs Two Parent and All (Other) Families categories, regardless of the ethnic origin and primary language of other members of the family. Report each case in only one ethnic and one primary language category. If available, the ethnic origin and primary language of the adult with the primary responsibility for the care and safety of the assisted children in the household should be used for Zero Parent cases. If this information is not available, the ethnicity and primary language of the child (or the eldest child in sibling cases) should be used for Zero Parent cases, regardless of the ethnic origin and primary language of other members of the family in the same household.

- **Foster Care (FC)**

  Each foster care child represents one case.   Report the ethnic origin and primary language of the child for whom assistance is being received.

♦ **Social Services**

Report ethnic origin and primary language for all cases in which social services were provided directly by the CWD in July 2001. Do not include cases for which services are purchased from other organizations or for which only information and referral services are given. Report each case only once, regardless of the number of services that may have been provided during the report month.

♦ **Nonassistance Food Stamps (NAFS)**

The ethnic origin and primary language of the head of household should be used regardless of the ethnic origin and primary language of other members of the family. Report each case in only one ethnic category and one primary language category.

♦ **Welfare to Work (WTW)**

For WTW enrollees in either the Two Parent or All (Other) Families category, report the ethnic origin and primary language of the enrollee, regardless of the ethnic origin and primary language of other members of the family in the same household. Report each case in only one ethnic category and one primary language category.

♦ **Refugee Cash Assistance (RCA)**

The ethnic origin and primary language of the head of household should be used regardless of the ethnic origin and primary language of other members of the family. Report each case in only one ethnic and one primary language category.

♦ **Cash Assistance Program for Immigrants (CAPI)**

Each CAPI case represents one CAPI recipient. The ethnic origin and primary language of that recipient should be used. Report each case in only one ethnic and one primary language category.

ITEM INSTRUCTIONS

PART A. ETHNIC ORIGIN (CASES)

For July 2001, report the number of recipient cases in each ethnic category in the appropriate column for each of the following programs:

♦ CalWORKs Two Parent, Zero Parent (child only), and All (Other) Families categories *[Cells 1-48]*
♦ Foster Care *[Cells 49-64]*
♦ Social Services *[Cells 65-80]*
♦ Nonassistance Food Stamps *[Cells 81-96]*
♦ Welfare to Work Two Parent and All (Other) Families categories *[Cells 97-128]*
♦ Refugee Cash Assistance *[Cells 129-144]*
♦ Cash Assistance Program for Immigrants *[Cells 145-160]*

Report only one ethnicity for each case.

The ABCD 350 collects data on recipient cases only. Therefore, cases in which applicants have not yet been determined eligible for assistance during July 2001 are **not** to be reported.

Totals

Total cases for the CalWORKs Two Parent, Zero Parent, and All (Other) Families columns must equal the total cases in each category reported in Part B., Item 8, of the California Work Opportunity and

Responsibility to Kids (CalWORKs) Cash Grant Caseload Movement and Expenditures Report (CA 237 CalWORKs) for the July 2001 report month. *[Cells 161-163]*

Total cases for the FC column must equal the total cases (children) reported in Part B., Item 8, of the Aid to Families with Dependent Children (AFDC) Foster Care (FC) - Caseload Movement and Expenditures Report (CA 237 FC) for the July 2001 report month. *[Cell 164]*

Total cases for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act for the July 2001 report month. *[Cell 165]*

Total cases for the NAFS column must equal the total cases reported in Part B., Item 8, NAFS column, of the Food Stamp Program Monthly Caseload Movement Statistical Report (DFA 296) for the July 2001 report month. *[Cell 166]*

Total cases for the WTW Two Parent column must equal the total cases in Part A., Item 1, of the Welfare to Work Monthly Activity Report - Two Parent Separate State Program (WTW 25A) for the July 2001 report month. *[Cell 167]*

Total cases for the WTW All (Other) Families column must equal the total cases in Part A., Item 1, of the Welfare to Work Monthly Activity Report – All (Other) Families (WTW 25) for the July 2001 report month. *[Cell 168]*

Total cases for CAPI must equal the total cases reported in Part C, Item 10, totals column, of the Cash Assistance Program for Immigrants Monthly Caseload Movement Statistical Report (CA 1037) for the July 2001 report month. *[Cell 170]*

Note: Totals for each column on page 1 of the ABCD 350 must equal totals for the corresponding columns on page 2 of the ABCD 350.

PART B. PRIMARY LANGUAGE SPOKEN (CASES)

For July 2001, report the number of recipient cases for each primary language in the appropriate column for each of the following programs:

♦ CalWORKs Two Parent, Zero Parent (child only), and All (Other) Families categories *[Cells 171-257]*
♦ Foster Care *[Cells 258-286]*
♦ Social Services *[Cells 287-315]*
♦ Nonassistance Food Stamps *[Cells 316-344}*
♦ Welfare to Work Two Parent and All (Other) Families categories *[Cells 345-402]*
♦ Refugee Cash Assistance *[Cells 403-431]*
♦ Cash Assistance Program for Immigrants *[Cells 432-460]*

Report only one primary language for each case.

The ABCD 350 collects data on recipient cases only. Therefore, cases in which applicants have not yet been determined eligible for assistance during July 2001are **not** to be reported.

In the Comments section on page 1 of the report, specify by language and number of cases any entries in Part B., Primary Language Spoken, Code 6, Other Non-English.

Totals

Total cases for the CalWORKs Two Parent, Zero Parent, and All (Other) Families columns must equal the total cases in each category reported in Part B., Item 8, of the California Work Opportunity and Responsibility to Kids (CalWORKs) Cash Grant Caseload Movement and Expenditures Report (CA 237 CalWORKs) for the July 2001 report month. *[Cells 461-463]*

Total cases for the FC column must equal the total cases (children) reported in Part B., Item 8, of the Aid to Families with Dependent Children (AFDC) Foster Care (FC) - Caseload Movement and Expenditures Report (CA 237 FC) for the July 2001 report month. *[Cell 464]*

Total cases for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act for the July 2001 report month. *[Cell 465]*

Total cases for the NAFS column must equal with the total cases reported in Part B., Item 8, NAFS column, of the Food Stamp Program Monthly Caseload Movement Statistical Report (DFA 296) for the July 2001 report month. *[Cell 466]*

Total cases for the WTW Two Parent column must equal the total cases in Part A., Item 1, of the Welfare to Work Monthly Activity Report - Two Parent Separate State Program (WTW 25A) for the July 2001 report month. *[Cell 467]*

Total cases for the WTW All (Other) Families column must equal the total cases in Part A., Item 1, of the Welfare to Work Monthly Activity Report – All (Other) Families (WTW 25) for the July 2001 report month. *[Cell 468]*

Total cases for CAPI must equal the total cases reported in Part C, Item 10, totals column, of the Cash Assistance Program for Immigrants Monthly Caseload Movement Statistical Report (CA 1037) for the July 2001 report month. *[Cell 470]*

Note: Totals for each column on page 2 of the ABCD 350 must equal totals for the corresponding columns on page 1 of the ABCD 350.